

**Parent/Guardian Permission for Excursion**

The collection and retention of the information requested on this form is authorized and governed by the Ontario *Education Act* and the *Municipal Freedom of Information and Protection of Privacy Act*.

School: Harbord C1 Telephone: 416-393-1650  
 Teacher(s): Mr. Sangha / Mr. Persad Grade/Class: 9-12  
 Student: \_\_\_\_\_ Date of Excursion: Feb. 7, 2018  
 Nature of Activity: Bowling  
 Destination: Playtime Bowl: 33 Samar Rd  
 To Parents and Guardian:

The purpose of this form is to inform you about the excursion and to seek your support and permission for your child/ward to participate. This information may be shared as necessary with adults supervising the excursion.

This is an important document. Please ensure that someone is able to translate and explain this document to you.

Purpose of the excursion: Bowling. Learning and utilizes a variety of math and physics skills such as angles, friction, velocity, etc.

Itinerary  
 Program/itinerary: Students will enjoy the game of bowling while learning about and practicing various physics skills as mentioned above.

meet at venue  
 Departure from School: Date Feb. 7, 2018 Time 10:00 am  
 Return to School: Date Feb. 7, 2018 Time 2:00 pm

In exceptional circumstances, dates and times may change. Every effort will be made to communicate these changes to you ahead of time.

Method of Travel  
 TDSB bus       Public transit       Commercial vehicle  
 Private vehicle(adult driver)\*       Private vehicle(Student driver)\*

\*Approval of the principal is required for all volunteer drivers. The school will make every effort to ensure that parent/guardian consent is obtained for each excursion for students to travel in private vehicles.

Requirements for Participants  
 Food/snacks: lunch Money: for lunch/snacks  
 Notebook: \_\_\_\_\_ Clothing and equipment: \_\_\_\_\_  
 Other: \_\_\_\_\_

As part of the excursion, students will be participating in the following high-care activities. These activities involve increased risk or special safety considerations, or require special qualifications or certification for supervision. Appropriate supervision will be provided. \_\_\_\_\_

Accommodation (if required) \_\_\_\_\_ Phone # \_\_\_\_\_

Financial Arrangements  
 Total cost per student: \$ 20 Deposit required: \$ \_\_\_\_\_ Payable to: \_\_\_\_\_

Excursion Staff  
 Teacher: Mr. Sangha / Mr. Persad School contact during the excursion: 416-393-1650  
 Staff Supervisors: Mrs. Law, Ms. Mantchenko

Volunteer Supervisors (if known):  
 Teacher V. Persad Signature \_\_\_\_\_ Date Jan 16/18  
 Administrator V. MEADIE Signature \_\_\_\_\_ Date Jan 23, 2018

Please sign in either the YES or the NO box and return this form to the teacher by: FEBRUARY 5, 2018

# YES

I/we give permission for my/our child/ward, \_\_\_\_\_, to participate in the excursion

to Bowling @ Playtime Bowl on (date) February 7, 2018

Emergency Contact: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

I/we give permission for my/our child/ward to be transported in a private vehicle (adult driver) \_\_\_\_\_, private vehicle (student driver) \_\_\_\_\_ who has been authorized by the principal.

Parent Signature \_\_\_\_\_

Is there any change in medical information or a medical reason why your child should not participate in the activity, or which may lead him/her to require special attention during the activity? \_\_\_\_\_

Should it become necessary for my/our child/ward to have medical care, I/we hereby give the teacher permission to use her/his best judgment in obtaining the best of such service for my/our child/ward. I/we understand that any cost will be my/our responsibility. I/we also understand that in the event of illness or accident, I/we will be notified as soon as possible.

Name of Parent/Guardian \_\_\_\_\_  
(printed name of parent/guardian)

Signature of Parent/Guardian \_\_\_\_\_ Today's date: \_\_\_\_\_  
(or student, if 18 years old or older)

For students 18 years old or older, it is strongly recommended that the parent/guardian also sign this form.

I wish to volunteer on this trip: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Today's date: \_\_\_\_\_  
(or student, if 18 years old or older)

# NO

I/we do not give permission for my/our child, \_\_\_\_\_, to participate in the excursion to Bowling @ Playtime Bowl on (date) \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_  
(printed name of parent/guardian)

Signature of Parent/Guardian \_\_\_\_\_ Today's date: \_\_\_\_\_  
(or student, if 18 years old or older)